

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DIVISION OF MOTOR VEHICLES  
OPERATOR CONTROL SECTION  
John Pastore Complex, 30 Howard Ave.  
Bldg. #58 Cranston RI 02930

APPLICATION FOR CHAUFFEUR LICENSE

I, the undersigned, hereby apply to the Division of Motor Vehicles for a Chauffeur License. As part of my application, I declare the answers to the following questions to be true.

1. Print Full Name \_\_\_\_\_

1A. Former Name(s) Used \_\_\_\_\_

2. Residence \_\_\_\_\_  
(Number and Street) (City or Town) (State/Zip)

2A. Former address (Within last 10 years) \_\_\_\_\_

3. Mailing address \_\_\_\_\_  
(Number and Street) (City or Town) (State/Zip)

4. Date of birth: \_\_\_\_\_ Where born: \_\_\_\_\_  
(Month) (Day) (Year)

---

5.	Sex	Weight	Height	Color eyes	Color hair
----	-----	--------	--------	------------	------------

6. Do you now hold a valid license? \_\_\_\_\_ If so, what State? \_\_\_\_\_  
License # \_\_\_\_\_ Expiration date \_\_\_\_\_  
(Month) (Day) (Year)

7. How long have you held a license to operate motor vehicles in this state? \_\_\_\_\_  
In any other state? \_\_\_\_\_ Which state(s)? \_\_\_\_\_

8. How you ever been convicted before any District or Superior Court for any offense?  
No Yes If yes, explain on area provided on back of application.

---

9. Have you ever been hospitalized or treated for any reason or are you on any medication?  
No Yes If yes, explain on area provided on back of application.

10. Is your license suspended? No Yes

Class I: (Circle One) Jitney Bus Taxicab Public Livery

CDL: Passenger

---

Sign (Write) your full name \_\_\_\_\_

Subscribed and sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

Non R.I. resident must submit a state and local BCI check and a certified copy of your driving record. Neither document can be 60 days or older. Documents submitted with application.

This application, duly filled out, must be presented by applicant to the OPERATOR CONTROL SECTION at 30 Howard Ave, Bldg #58, Cranston RI 02930 It is the applicant's duty to have your Police Chief complete the Police Department check. Residents of R.I. must return R.I. OPERATORS LICENSE WHEN CHAUFFEUR'S LICENSE IS ISSUED.

Applicants for the Chauffeur License are required to have three certificates signed by responsible persons attesting to the applicant's good character and habits. Persons attesting to an applicant's character are subject to penalties.

CERTIFICATE 1  
I, the undersigned hereby  
certify that I have known

for \_\_\_\_\_ years and know  
him to be honest, sober and  
of good character and habits.

Signed: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Phone: \_\_\_\_\_

CERTIFICATE 2  
I, the undersigned hereby  
certify that I have known

for \_\_\_\_\_ years and know  
him to be honest, sober and  
of good character and habits.

Signed: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Phone: \_\_\_\_\_

CERTIFICATE 2  
I, the undersigned hereby  
certify that I have known

for \_\_\_\_\_ years and know  
him to be honest, sober and  
of good character and habits.

Signed: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Phone: \_\_\_\_\_

---

POLICE DEPARTMENT USE ONLY

Town or City of \_\_\_\_\_

Applicants must be at least 21 years of age and meet all requirements. Each police department is requested to complete a background investigation concerning the applicant.

-----  
BCI check completed                      YES                      NO  
State BCI check completes              YES                      NO  
Other – Specify \_\_\_\_\_

Record	YES	NO	Attached	YES	NO
Approved	_____				
Disapproved	_____				

---

Chief of Police

Dept. /City Seal

ERASURES WILL VOID CERTIFICATE

---

MOTOR VEHICLE USE ONLY

- |                                   |  |
|-----------------------------------|--|
| 1. Application completed in full. | 4. Operator Control Check.                                 |
| 2. Signature and notary.          | 5. Clerk of Hearing Officer initial from Operator Control. |
| 3. Police approval.               | 6. Signature of issuing clerk                              |

Date \_\_\_\_\_

EXPLANATION